

Application Data Sheet

Application Information

Application Type:: Regular
Subject Matter:: Utility
Suggested Classification::
Suggested Group Art Unit::
CD-ROM or CD-R?:: None
Number of CD Disks::
Number of Copies of CDs::
Sequence Submission?::
Computer Readable Form (CRF)?::
Number of copies of CRF::
Title:: FRONT-WHEEL SUPPORT FOR A WHEEL CHAIR
Attorney Docket Number:: SCHAAP1
Request for Early Publication?:: No
Request for Non-Publication?:: No
Suggested Drawing Figure::
Total Drawing Sheets:: 6
Small Entity?:: No
Latin Name::
Variety Denomination Name::
Petition Included:: No
Petition Type::
Licensed US Govt. Agency::
Contract or Grant Numbers::
Secrecy Order in Parent Appl.?:: No

Applicant Information

Applicant Authority Type:: Inventor
Primary Citizenship Country:: Netherlands
Status:: Full Capacity
Given Name:: Robertus

Middle Name:: H.P.F.
Family Name:: SCHAAP
Name Suffix::
City of Residence:: Binningen
State or Province of Residence::
Country of Residence:: Switzerland
Street of Mailing Address:: Bottmingerstrasse 76A
City of Mailing Address:: Binningen
State or Province of Mailing Address::
Country of Mailing Address:: Switzerland
Postal or Zip Code of Mailing Address:: CH-4102
Applicant Authority Type:: Inventor
Primary Citizenship Country:: Switzerland
Status:: Full Capacity
Given Name:: Florian
Middle Name::
Family Name:: KAUFMANN
Name Suffix::
City of Residence:: Sissach
State or Province of Residence::
Country of Residence:: Switzerland
Street of Mailing Address:: Saegeweg 5
City of Mailing Address:: Sissach
State or Province of Mailing Address::
Country of Mailing Address:: Switzerland
Postal or Zip Code of Mailing Address:: CH-4450
Applicant Authority Type:: Inventor
Primary Citizenship Country:: Switzerland
Status:: Full Capacity
Given Name:: Rainer
Middle Name::
Family Name:: KUESCHALL
Name Suffix::

City of Residence:: Sissach
State or Province of Residence::
Country of Residence:: Switzerland
Street of Mailing Address:: Kluserstrasse 25
City of Mailing Address:: Sissach
State or Province of Mailing Address::
Country of Mailing Address:: Switzerland
Postal or Zip Code of Mailing Address:: CH-4054

Correspondence Information

Correspondence Customer Number:: 001444

Representative Information

Representative Customer Number:: 001444

Domestic Priority Information

Application::	Continuity Type::	Parent	Parent Filing
		Application::	Date::

Foreign Priority Information

Country::	Application Number::	Filing Date::	Priority Claimed::
Europe	03 004 757.5	03/04/03	Yes

Assignment Information

Assignee Name:: KUSCHALL AG
Street of Mailing Address:: Ringstrasse 15
City of Mailing Address:: Allschwil
State or Province of Mailing Address::
Country of Mailing Address:: Switzerland
Postal or Zip Code of Mailing Address:: CH-4123